



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111

**MassHealth
Community Health Center Bulletin 44
September 1999**

TO: Community Health Centers Participating in MassHealth
FROM: Mark E. Reynolds, Acting Commissioner
RE: **Obtaining Prior Authorization and Submitting Claims for Synagis (Palivizumab)**

Background

Synagis (palivizumab) is a medication used to prevent respiratory syncytial virus (RSV) infection in infants and children at increased risk for severe disease, in particular those born prematurely and those with chronic lung disease.

To ensure that Synagis is delivered correctly and appropriately to MassHealth members, the Division requires prior authorization before the administration of this drug to its members. The Division's criteria for evaluating prior-authorization requests for Synagis are based on the American Academy of Pediatrics guidelines for infants and children at high risk for developing RSV lower respiratory tract infection (attached). For each infant or child for whom prior authorization is granted, prior authorization will be issued for the duration of the RSV season, that is, the period of time during which RSV is most prevalent, usually from November through April.

Supplying Synagis

The two alternatives for reimbursement from the Division for supplying Synagis are:

- reimbursement to the MassHealth community health center for supplying Synagis on site; or
 - reimbursement to a MassHealth pharmacy provider **if** the pharmacy provider delivers the Synagis to the community health center.
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***Prior-Authorization
Requests When a
Community Health Center
Supplies Synagis on Site***

To request prior authorization when a community health center supplies the Synagis on site, a Request for Prior Authorization form (sample attached) must be completed as described in the billing instructions in Subchapter 5 of the *Community Health Center Manual*. No other form, including letterhead, will be accepted for these prior-authorization requests.

In Item 3 of the prior-authorization form, enter the provider number of the community health center. Medical necessity must be documented in Item 11. For determining medical necessity, the Division has adopted the guidelines of the American Academy of Pediatrics. Refer to the Division's criteria (attached) when detailing medical necessity in Item 11 of the prior-authorization form.

If a provider other than the community health center listed on the prior-authorization form will supply the Synagis, a new prior authorization must be obtained for that provider prior to service delivery. Otherwise, the claim will be denied.

***Prior-Authorization
Requests When the
Pharmacy Delivers
the Synagis***

Prior authorization for Synagis supplied by a MassHealth pharmacy that **delivers** this drug to the community health center must be requested by the community health center. When this occurs, the community health center must complete a Request for Prior Authorization form or submit a written request on letterhead containing the information required in the billing instructions in Subchapter 5 of the *Community Health Center Manual*. The request must include the name, address, and telephone number of the MassHealth pharmacy that will fill the prescription.

***New Address for Prior-
Authorization Requests
for Drugs***

Effective September 6, 1999, submit all prior-authorization requests for drugs to the following address:

University of Massachusetts Medical School
DUR Program Offices
11 Midstate Drive
Auburn, MA 01501
Telephone #: (508) 721-7171
Fax #: (508) 721-7138

Reimbursement

Reimbursement requests for Synagis supplied by the community health center must be submitted on claim form no. 9. Use Service Code X0415 to bill for Synagis. The claim must contain the name, strength, and dose of the drug. A copy of the current invoice showing the actual acquisition cost must be attached to the claim form. Claims will be denied if any required information or the invoice is missing.

Ensure that the prior-authorization number is written in Item 4 of claim form no. 9. Also, verify that the provider number of the community health center supplying the Synagis is identical to the provider number listed on the Division's prior-authorization letter. Otherwise, the claim will be denied.

Reimbursement requests for administration of the drug may also be listed on the claim form. Do not use Service Code X0415 to bill for administration—use the appropriate medical visit service code from Subchapter 6 of the *Community Health Center Manual* to bill for this service.

**Obtaining Prior-
Authorization Forms**

To obtain supplies of the Request for Prior Authorization form, mail or fax a written request to the following address or fax number.

Unisys
Attn: Forms Distribution
P.O. Box 9101
Somerville, MA 02145
Fax: (617) 576-4087

Questions

If you have any questions about the information in this bulletin, please contact the Unisys Provider Services Department at (617) 628-4141 or 1-800-325-5231.
